

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 02/25/2008		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 02/28/2008						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	ROBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	4102	7403	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
		8536	5025	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	69	23035	25521	2486
		27	4779	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
3404904	WESTERN HIGHLAN DS LME	21	1186	DUPLICATE OF CLAIM-SYSTEM				
		191	30	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	1225	5301	4076
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	8505	215	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	101	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	430	3948	3518
		11	74	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAMBA COUNTYM ENTAL HEALT	8326	104	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8622	34	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	147	2240	2093
		23	3	SERVICE REQUIRES PRIOR APPROVA L				
3404913	MECKLENBURG COM ENTAL HEALT	8505	3688	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8326	1110	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE	0	5943	6135	192
		8800	693	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404916	CROSSROADS BEHA VIOAL HEAL	8505	3256	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		3411	372	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	4367	4498	131
		8800	247	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404917	CENTERPOINT HUM AN SERVICES	11	343	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	237	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	729	1928	1199
		8599	56	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	8505	613	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	263	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	1130	1726	596
		537	78	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404920	ALAMANCE CASWEL L AREA MH D	8505	364	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		5404	30	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	435	6009	5574
		79	29	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404921	ORANGE PERSON C HATHAM AREA	8505	780	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8329	345	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	1559	2676	1117
		8599	160	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8534	3	SERVICE FACILITY LOCATION IS N OT A VALID IPFS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
		0	0		0	3	3	0
3404923	FIVE COUNTY MH	8505	1155	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	448	CLAIM DENIED NO BUDGET FOUND	0	1841	1874	33
		8800	150	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	1903	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8508	327	CLAIM DENIED NO BUDGET FOUND	4	2592	2787	195
		8599	132	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	123	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	94	SERVICE REQUIRES PRIOR APPROVA L	3	476	3436	2960
		8800	45	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404927	CUMBERLAND CO M HC	11	248	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	29	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	336	1643	1307
		8664	18	SERVICE DENIED, LIMITATION HAS BEEN EXCEEDED FOR THE FISCAL YEAR.				

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3404930	JOHNSTON COUNTY MNTL HLTHC	11	18	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	18	18	0
3404931	WAKE CO HUM SVC BILLING OF	8505	716	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	445	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	24	1621	3083	1462
		11	107	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	3093	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	95	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	3389	6609	3220
		8800	93	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404934	ONSLow CARTERET BEHAV HEAL	8534	191	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
		8505	182	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	760	1708	948
		8599	130	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	THE BEACON CENT ER	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404937	THE BEACON CENT ER	8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	5	1413	1408
		10	1	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404939	EAST CAROLINA B EHAVIORAL H	8505	2424	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	326	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2934	3095	161
		537	45	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404941	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404942	EAST CAROLINA B EHAVIORAL H	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	11	35	CLIENT NOT ELIGIBLE ON SERVICE				
	L HEALTH CE			DATE				
		3411	30	PROVIDER TYPE AND SPECIALTY 07	17	164	1803	1639
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		79	22	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404944	EASTPOINTE HUMA	8000	60	NO RATE AVAILABLE ON FILE TO P				
	N SERVICES			RICE THIS CLAIM DETAIL				
		8599	31	DETAIL NOT COVERED BY COMBINAT	0	91	5078	4987
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	4102	112	YOU ARE ATTEMPTING TO ADJUST A				
	ENTAL HEALT			CLAIM THAT IS EITHER NOT				
				FOUND ON OUR FILE OR IS NOT FO				
		8508	3	CLAIM DENIED NO BUDGET FOUND	0	121	380	259
		143	3	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				